

**NEW JERSEY NATIONAL GUARD CHALLENGE YOUTH PROGRAM**  
**BLDG 5402 FIRST STREET AND DELAWARE AVE**  
**FORT DIX, NEW JERSEY 08640-5004**

**(800) 997 5587**

**(609) 562 0577**

**MENTOR APPLICATION FORM**

**GENERAL INFORMATION**

**CADET'S NAME** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Soc Sec Number** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEX** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail address:** \_\_\_\_\_

**Pager number:** \_\_\_\_\_

**Best time to call:** \_\_\_\_\_ **Years at address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month day year

**EDUCATION**

**Years of High School completed:** \_\_\_\_\_ **Years of College completed** \_\_\_\_\_

**Other Education** \_\_\_\_\_

**EMPLOYMENT**

**Civilian:**

**Current Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
Street City State ZIP

**Position:** \_\_\_\_\_ **Years Employed** \_\_\_\_\_

**Supervisor's Name and Title:** \_\_\_\_\_

**Work Telephone:**(\_\_\_\_) \_\_\_\_\_ **May we call you at work?** Yes \_\_\_\_ No \_\_\_\_ **Best time to call** \_\_\_\_\_

**Previous Employer (name and address):** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Years employed** \_\_\_\_\_

**Previous Employer's Phone.** (\_\_\_\_) \_\_\_\_\_ **May we call ?** yes \_\_\_\_ no \_\_\_\_

**NOTE: THE MENTOR CANNOT BE THE IMMEDIATE FAMILY OF THE CADET**  
**(i.e. MOTHER, FATHER, SISTER,BROTHER) OR LIVING IN THE SAME HOUSEHOLD.**

**(OVER)**

## MILITARY

Current Unit Assignment: \_\_\_\_\_

Unit Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Commanders Name: \_\_\_\_\_ Unit Phone Number: (\_\_\_\_) \_\_\_\_\_

## PROGRAM QUESTIONS

Do you give the New Jersey National Guard ChalleNGe Youth Program and it's authorized representatives permission to conduct a check for matters of public record regarding your background or history? Not giving permission may preclude the Program from using you as a Mentor. Please initial your choice.

YES: \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been charged or indicted for a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any disabilities that might effect your involvement in a mentoring program? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please specify: \_\_\_\_\_

Please list and previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Please list any prior experience working with children/youth: \_\_\_\_\_

\_\_\_\_\_

Volunteer training sessions are required by this program as well as a commitment to work with your Mentee for at least 12 months after they have graduated and sending us monthly reports on their progress toward the goals they have set in their "Life Plans". Can you fulfill these requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE INITIAL ONE OF THE FOLLOWING STATEMENTS AS IT APPLIES TO YOU:

\_\_\_\_\_ I AM NOT related to the above named Cadet.

\_\_\_\_\_ I AM related to the above named Cadet. List relationship: \_\_\_\_\_

The above information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

